

# YOUTH GROUP HOMES

<b>Parent Company:</b>	CHAPEL OF HOPE MINISTRIES		<b>Phone:</b>	(406) 323-4444
<b>Director Name:</b>	ANTHONY	DITONNO	<b>Title:</b>	EXECUTIVE DIRECTOR
<b>Parent Address:</b>	PO BOX 133	ROUNDUP MT 59072	<b>800 #:</b>	
<b>Facility Name:</b>	YOUTH CHRISTIAN HOME		<b>Facility Phone Number:</b>	(406) 323-4444
<b>First Name:</b>	ANTHONY	<b>Last Name:</b> DITONNO	<b>Title:</b>	EXECUTIVE DIRECTOR
<b>Contact:</b>	TONY	<b>Last Name:</b> DITONNO	<b>Title:</b>	CONTACT
<b>Address:</b>	16843 HWY 12 WEST	ROUNDUP MT 59072-	<b>Region:</b>	MUSSELSHELL
<b>Facility Type:</b>	YOUTH GROUP HOME		<b>Code:</b>	YGH
<b>Number of Residents:</b>	10	<b>Age Group:</b>	10-17	<b>Gender:</b> MALE
<b>Facility License Number:</b>	28033-001	<b>Expires:</b>	3/31/2012	<b>Licensing Specialist:</b> LISA MAUA
<b>Parent Company:</b>	KAIROS YOUTH SERVICES INCORPORATED		<b>Phone:</b>	(406) 727-0076
<b>Director Name:</b>	JAMES	CORRIGAN	<b>Title:</b>	EXECUTIVE DIRECTOR
<b>Parent Address:</b>	PO BOX 3066	GREAT FALLS MT 59403-3066	<b>800 #:</b>	
<b>Facility Name:</b>	EVERGREEN YOUTH HOME & SHELTER CARE		<b>Facility Phone Number:</b>	(406) 727-6900
<b>First Name:</b>	STACIE	<b>Last Name:</b> ECKINSTEIN	<b>Title:</b>	COORDINATOR
<b>Contact:</b>	NANCY	<b>Last Name:</b> STEFFINS	<b>Title:</b>	CASE MANAGER
<b>Address:</b>	3001 4TH AVE S	GREAT FALLS MT 59405-3329	<b>Region:</b>	CASCADE
<b>Facility Type:</b>	YOUTH GROUP HOME AND YOUTH SHELTER CARE		<b>Code:</b>	YGH
<b>Number of Residents:</b>	8	<b>Age Group:</b>	9-17	<b>Gender:</b> MALE & FEMALES
<b>Facility License Number:</b>	6142-004	<b>Expires:</b>	5/31/2012	<b>Licensing Specialist:</b> TRACY JOHNSON
<b>Parent Company:</b>	KAIROS YOUTH SERVICES INCORPORATED		<b>Phone:</b>	(406) 727-0076
<b>Director Name:</b>	JAMES	CORRIGAN	<b>Title:</b>	EXECUTIVE DIRECTOR
<b>Parent Address:</b>	PO BOX 3066	GREAT FALLS MT 59403-3066	<b>800 #:</b>	
<b>Facility Name:</b>	MISSOURI RIVER YOUTH GROUP& SHELTER		<b>Facility Phone Number:</b>	(406) 761-2135
<b>First Name:</b>	STACIE	<b>Last Name:</b> ECKENSTEIN	<b>Title:</b>	PROGRAM MANAGER
<b>Contact:</b>		<b>Last Name:</b>	<b>Title:</b>	
<b>Address:</b>	1201 7TH AVE NW	GREAT FALLS MT 59405-	<b>Region:</b>	CASCADE
<b>Facility Type:</b>	YOUTH GROUP HOME AND YOUTH SHELTER CARE		<b>Code:</b>	YGH
<b>Number of Residents:</b>	8	<b>Age Group:</b>	10-17	<b>Gender:</b> MALE & FEMALE
<b>Facility License Number:</b>	6142-001	<b>Expires:</b>	8/31/2012	<b>Licensing Specialist:</b> TRACY JOHNSON

**Parent Company:** LAKE COUNTY YOUTH GUIDANCE HOME **Phone:** (406) 676-2427  
**Director Name:** CHAS CANTLON **Title:** DIRECTOR  
**Parent Address:** 810 ANDREW ST NW SUITE B RONAN MT 59864 **800 #:** (406) 676-2427  
**Facility Name:** LAKE COUNTY YOUTH GUIDANCE HOME **Facility Phone Number:** (406) 676-5091  
**First Name:** ARNOLD **Last Name:** LUCERO **Title:** MANAGER  
**Contact:** CATHIE **Last Name:** LUCERO **Title:** MANAGER  
**Address:** 35129 TIMBER LANE RD RONAN MT 59864- **Region:** LAKE  
**Facility Type:** YOUTH GROUP HOME **Code:** YGH  
**Number of Residents:** 8 **Age Group:** 11-17 **Gender:** MALE & FEMALE  
**Facility License Number:** 7697-001 **Expires:** 8/31/2012 **Licensing Specialist:** DEBRA UNRUH

**Parent Company:** NEW DAY **Phone:** (406) 254-2340  
**Director Name:** VERNON MUMMEY **Title:** EXECUTIVE DIRECTOR  
**Parent Address:** PO BOX 30282 BILLINGS MT 59107 **800 #:**  
**Facility Name:** UNIT 7 **Facility Phone Number:**  
**First Name:** **Last Name:** **Title:**  
**Contact:** **Last Name:** **Title:**  
**Address:** 1500 COBURN RAOD BILLINGS MT 59101- **Region:** YELLOWSTONE  
**Facility Type:** YOUTH GROUP HOME **Code:** YGH  
**Number of Residents:** 8 **Age Group:** 10-18 **Gender:** MALES  
**Facility License Number:** 8195-008 **Expires:** 10/31/2012 **Licensing Specialist:** LISA MAUA

**Parent Company:** OPEN GATE RANCH **Phone:** (406) 827-4805  
**Director Name:** CRAIG BARRUS **Title:** DIRECTOR  
**Parent Address:** PO BOX 1413 TROUT MT 59874-1413 **800 #:**  
**Facility Name:** OPEN GATE RANCH **Facility Phone Number:** (406) 827-4805  
**First Name:** **Last Name:** **Title:**  
**Contact:** **Last Name:** **Title:**  
**Address:** 48 ALGER RD N TROUT MT 59874-1413 **Region:** SANDERS  
**Facility Type:** YOUTH GROUP HOME **Code:** YGH  
**Number of Residents:** 8 **Age Group:** 10-18 **Gender:** MALE  
**Facility License Number:** 7574-001 **Expires:** 7/31/2012 **Licensing Specialist:** DEBRA UNRUH

**Parent Company:** ST LABRE INDIAN SCHOOL **Phone:** (406) 704-4500  
**Director Name:** VICKI J ANDERSON **Title:** DIRECTOR  
**Parent Address:** PO BOX 77 ASHLAND MT 59003 **800 #:**  
**Facility Name:** SHILO BOYS AND GIRLS HOME **Facility Phone Number:** (406) 784-4521  
**First Name:** DOUG **Last Name:** HOPKINS **Title:** MANAGER  
**Contact:** **Last Name:** **Title:**  
**Address:** PO BOX 458 ASHLAND MT 59003- **Region:** ROSEBUD  
**Facility Type:** COMBINING YOUTH HOMES **Code:** YGH  
**Number of Residents:** 8 **Age Group:** 6-17 **Gender:** MALES & FEMALES  
**Facility License Number:** 22420-003 **Expires:** 6/30/2012 **Licensing Specialist:** LISA MAUA

**Parent Company:** WATSON CHILDRENS SHELTER **Phone:** (406) 549-0058  
**Director Name:** FRAN ALBRECHT **Title:** DIRECTOR  
**Parent Address:** 4978 BUCKHOUSE LANE MISSOULA MT 59804 **800 #:**  
**Facility Name:** WATSON YOUTH GROUP HOME **Facility Phone Number:**  
**First Name:** NATALIE **Last Name:** STERN **Title:** FACILITY DIRECTOR  
**Contact:** **Last Name:** **Title:**  
**Address:** 2901 FORT MISSOULA ROAD MISSOULA MT 59804- **Region:** MISSOULA  
**Facility Type:** YOUTH GROUP HOME **Code:** YGH  
**Number of Residents:** 16 **Age Group:** 5-14 **Gender:** MALE OR FEMALE  
**Facility License Number:** 3431-002 **Expires:** 6/30/2012 **Licensing Specialist:** DEBRA UNRUH

**Parent Company:** YOUTH DYNAMICS **Phone:** (406) 245-6539  
**Director Name:** PETER DEGEL **Title:** EXECUTIVE DIRECTOR  
**Parent Address:** 2334 LEWIS AVE BILLINGS MT 59102 **800 #:**  
**Facility Name:** BIG SKY YOUTH CENTER **Facility Phone Number:** (406) 586-2566  
**First Name:** JANA **Last Name:** MCCREARY **Title:** PROGRAM MANAGER  
**Contact:** **Last Name:** **Title:**  
**Address:** 3025 WESTRIDGE DR BOZEMAN MT 59715- **Region:** GALLATIN  
**Facility Type:** YOUTH GROUP HOME **Code:** YGH  
**Number of Residents:** 8 **Age Group:** 11-18 **Gender:** MALE OR FEMALE  
**Facility License Number:** 8382-003 **Expires:** 12/31/2012 **Licensing Specialist:** LISA MAUA

**Parent Company:** YOUTH HOMES **Phone:** (406) 721-2704  
**Director Name:** GEOFFREY BIRNBAUM **Title:** DIRECTOR  
**Parent Address:** PO BOX 7616 MISSOULA MT 59807- **800 #:**  
**Facility Name:** BITTERROOT YOUTH HOME **Facility Phone Number:** (406) 363-0619  
**First Name:** KAY **Last Name:** CROWE **Title:** PROGRAM DIRECTOR  
**Contact:** **Last Name:** **Title:**  
**Address:** 196 PROVIDENCE WAY HAMILTON MT 59840- **Region:** MISSOULA  
**Facility Type:** YOUTH GROUP HOME **Code:** YGH  
**Number of Residents:** 8 **Age Group:** 10-17 **Gender:** MALE & FEMALE  
**Facility License Number:** 7001-011 **Expires:** 6/30/2012 **Licensing Specialist:** DEBRA UNRUH

**Parent Company:** YOUTH HOMES **Phone:** (406) 721-2704  
**Director Name:** GEOFFREY BIRNBAUM **Title:** DIRECTOR  
**Parent Address:** PO BOX 7616 MISSOULA MT 59807 **800 #:**  
**Facility Name:** FLATHEAD YOUTH HOME **Facility Phone Number:** (406) 755-4622  
**First Name:** LANCE **Last Name:** ISAAK **Title:** FACILITY MANAGER  
**Contact:** **Last Name:** **Title:**  
**Address:** 825 E OREGON ST KALISPELL MT 59901- **Region:** FLATHEAD  
**Facility Type:** YOUTH GROUP HOME **Code:** YGH  
**Number of Residents:** 8 **Age Group:** 10-17 **Gender:** MALE & FEMALE  
**Facility License Number:** 7001-007 **Expires:** 7/31/2012 **Licensing Specialist:** DEBRA UNRUH

**Parent Company:** YOUTH HOMES **Phone:** (406) 721-2704  
**Director Name:** GEOFFREY BIRNBAUM **Title:** DIRECTOR  
**Parent Address:** PO BOX 7616 MISSOULA MT 59807- **800 #:**  
**Facility Name:** TOM ROY GROUP HOME **Facility Phone Number:** (406) 728-8127  
**First Name:** SALLY **Last Name:** STANSBERRY **Title:** DIRECTOR OF  
**Contact:** MELISSA **Last Name:** ARNO **Title:** PROGRAM DIRECTOR  
**Address:** 2824 W CENTRAL AVE. WEST MISSOULA MT 59804- **Region:** MISSOULA  
**Facility Type:** YOUTH GROUP HOME **Code:** YGH  
**Number of Residents:** 8 **Age Group:** 13-17 **Gender:** MALE & FEMALE  
**Facility License Number:** 7001-004 **Expires:** 4/30/2012 **Licensing Specialist:** DEBRA UNRUH

**Parent Company:** YOUTH TRANSITION CENTER **Phone:** (406) 452-1792  
**Director Name:** KEN MCGUIRE **Title:** DIRECTOR  
**Parent Address:** 4212 3RD AVENUE SOUTH GREAT FALLS MT 59405- **800 #:**  
**Facility Name:** BOYS FACILITY TRANSITION HOUSE **Facility Phone Number:** (406) 452-1792  
**First Name:** TERI **Last Name:** YOUNG **Title:** DIRECTOR  
**Contact:** GLEN **Last Name:** CANIPAROLI **Title:** PARENT COMPANY  
**Address:** 4212 3RD AVENUE SOUTH GREAT FALLS MT 59405- **Region:** CASCADE  
**Facility Type:** YOUTH GROUP HOME **Code:** YGH  
**Number of Residents:** 12 **Age Group:** 12-18 **Gender:** MALE  
**Facility License Number:** 10391-001 **Expires:** 11/30/2012 **Licensing Specialist:** TRACY JOHNSON

**Parent Company:** YOUTH TRANSITION CENTER **Phone:** (406) 452-1792  
**Director Name:** KEN MCGUIRE **Title:** DIRECTOR  
**Parent Address:** 4212 3RD AVENUE SOUTH GREAT FALLS MT 59405- **800 #:**  
**Facility Name:** GIRLS FACILITY TRANSITION HOUSE **Facility Phone Number:** (406) 452-1792  
**First Name:** TERI **Last Name:** YOUNG **Title:** DIRECTOR  
**Contact:** GLEN **Last Name:** CANIPAROLI **Title:** CONTACT  
**Address:** 4212 1/2 3RD AVENUE SOUTH GREAT FALLS MT 59405- **Region:** CASCADE  
**Facility Type:** YOUTH GROUP HOME **Code:** YGH  
**Number of Residents:** 5 **Age Group:** 12-18 **Gender:** FEMALE  
**Facility License Number:** 10391-002 **Expires:** 11/30/2012 **Licensing Specialist:** TRACY JOHNSON